

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599,293

FILING DATE

9-25-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2	e	1		
6		2	e	1		
7		2	e	1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20	1		e			
21		1	e			
22		2		1		
23		2		1		
24		2		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29	1		1			
30		1		1		
31		2		2		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39	1		1			
40						
41		1		1		
42		1		2		
43		1		1		
44		1		1		
45						
46						
47						
48						
49						
50						
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	43	←	37	←		←
TOTAL CLAIMS	48		42			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						